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NOTES FROM THE MEDICAL PRESS



IN CHARGE OF
ELISABETH ROBINSON SCOVIL

A NEW WRINKLE IN ETHER INDUCTION.—The *Medical Record* says: Perhaps the greatest single factor in diminishing the danger of anæsthesia of whatever character is the use of as little anæsthetic as is necessary to produce unconsciousness to pain or abolish the reflexes of the patient. The administration of narcotics before anæsthesia is one of the methods adopted to reach this end while all improvements in the technic of narcosis aim at a similar result. To these two methods Klapp had recently added a third, namely, the artificial diminution of the circulating blood during anæsthesia by stopping the circulation in the extremities with the help of elastic bandages. Experimental work on animals has uniformly shown that such diminution of the circulating blood enables the production of anæsthesia with a much smaller amount of the anæsthetic, while the awakening from unconsciousness very rapidly follows the admission of the circulating blood to the vessels of the extremities. Dr. zur Verth had an opportunity to try this method in Bier's clinic in Berlin, and reports very favorably upon it in the *Münchener medizinische Wochenschrift*. He administered anæsthetics in over one hundred cases after preliminary bandaging of the lower extremities; the arms were never cut off from the circulation because of the greater danger of injury to the nerves in the upper extremities. The results fully bore out the data of experimental work: Less anæsthetic was used in all these cases than usually, strong individuals being easily anæsthetized by means of the ether drop method; the recovery from anæsthesia followed almost immediately the removal of the bandages from the legs; no injurious after-effects were noted.

AIR INFECTION OF MINOR IMPORTANCE.—Chapin states in the *Journal of the American Medical Association* that the theory of the aerial transmission of disease was developed as the most reasonable way of explaining the phenomena of infection, but contact infection with carriers and mixed cases affords a better explanation of the phenomena. The best medical thought has been steadily restricting the supposed sphere of aerial transmission, and only a few authorities now assert that disease is carried by the atmosphere outside of dwellings, and this asser-

tion is made only with regard to smallpox. Bacteriology teaches that former ideas in regard to the manner in which diseases may be air borne are entirely erroneous; that most diseases are not likely to be dust borne, and they are spray borne only for two or three feet, a phenomenon which after all resembles contact infection more than it does aërial infection as ordinarily understood. Tuberculosis is more likely to be air borne than is any other common disease. Animal experimentation indicates that tuberculosis may be air borne, and that plague and some other diseases are not, but pathology has not determined, as is sometimes alleged, that even pulmonary consumption is an air-borne disease. There is no good clinical evidence that the common diseases are air borne, but there is considerable clinical evidence that scarlet fever, diphtheria, smallpox, measles, whooping-cough, typhoid fever, and plague are not easily transmissible through the air.

THE COMMON COLD.—The *New York Medical Journal*, in a synopsis of a paper in the *Lancet*, says: Allen asserts to have placed the bacteriology of the common or catarrhal cold upon a sounder footing, indicated means whereby a distinctive diagnosis of the causal organism or organisms may be made in any given case from a consideration of the clinical features, and to have demonstrated the utility of vaccine therapy not only in shortening acute attacks, but also in curing chronic cases and in securing immunity, more or less complete, from further attacks, acute or chronic, in those susceptible to this troublesome and common complaint. He defines a cold as a local inflammation of any portion of the respiratory tract, from the mouth and external nasal meatus to the bifurcation of the bronchi, together with the sinuses attached thereto. Inflammations due to the ordinary pyogenic cocci are excluded. The acute cold exhibits the following stages: 1. Local anæmia of the mucous membrane. This is followed by local hyperæmia. 2. After infection there is a period of incubation, during which the hyperæmia increases, and there is dryness and tickling of the throat and nose, and general malaise. 3. The third stage, or "catarrhal plateau," is characterized by greatly increased mucous secretion, with sore throat, cough, and general malaise. 4. In the subacute stage, the mucous discharges become thick and yellow in color, containing leucocytes and lymphoid cells. 5. The last stage is one of true chronicity, and is marked by continuous excessive secretion of thick mucus. The most common causative organisms are the bacillus of Friedländer, the bacillus septicus, the influenza bacillus, and the micrococcus catarrhalis. Their relative frequency varies widely in different epidemics. Each organism produces a more

or less distinct type of cold. True chronic nasal catarrh is usually due to the bacillus of Friedländer, while the micrococcus catarrhalis is largely responsible for chronic tracheitis. Subacute colds appear to be due to either the bacillus of Friedländer, to the micrococcus catarrhalis, or micrococcus paratetragenus. The persistent hacking tracheal or "winter" cough is probably due to one of the two latter organisms. The mode of onset and condition of the throat are helpful in the distinctive diagnosis. If the fauces and pharynx are first affected, either the micrococcus catarrhalis or the bacillus septicus is certainly present; if the larynx and trachea become speedily involved the former of these or micrococcus paratetragenus is indicated; to hear a patient cough is sufficient for a diagnosis if m. catarrhalis or m. paratetragenus. The constitutional symptoms of the bacillus septicus are but slight, those of the micrococcus paratetragenus are moderate, while the general malaise in the cases of the three others may be extreme. The temperature is high only in the case of influenza. The prognosis in cases of infection with Friedländer's bacillus should be very guarded, as there is risk of ear and accessory sinus involvement. The same is true of the micrococcus catarrhalis and the influenza bacillus where extension downwards is also to be feared. A good prognosis can be given in the case of the bacillus septicus.

CIRCULATORY DISTURBANCES IN DIPHTHERIA.—Howland, in the *Journal of the American Medical Association*, remarks that as far as treatment is concerned there can be no doubt that rest and general management accomplish much more than drugs. All are agreed as to this. On the subject of the value of the different circulatory stimulants there is far less unanimity of opinion. The number of drugs that have been advised in this condition is proof of their inefficiency, especially when practically all observers agree that digitalis, the most certain of all cardiac stimulants, fails in its effect. This at once raises the interesting question whether, if the cardiac muscle is so extensively diseased as to fail to meet the demands made on it by its normal regulatory apparatus, it is capable of being advantageously stimulated by drugs. Clinical experience seems to indicate that it is not, and if occasionally a clinician speaks favorably of one drug it has always been found ineffective in the hands of others. Krehl frankly states that drugs are unsatisfactory. We can expect very little permanent effect from their use and permanency of effect is what is required, for the myocardial lesions require days and weeks and not hours for their cure.

THE ARMY TO BE IMMUNIZED AGAINST TYPHOID FEVER.—The *New York Medical Journal* presents the findings of the board of officers of the Medical Reserve Corps on this subject as follows:

The board found that the practice had been used during the Boer war in South Africa, where about one hundred thousand men were vaccinated, but that no reliable statistics were at hand to show the results since that time. However, about fifteen thousand men in the English and German colonial armies had been vaccinated against typhoid, and complete and carefully compiled statistics had been collected, from a consideration of which the board was convinced that the vaccination was quite harmless and that it would be of great service in diminishing the amount of typhoid fever among troops, especially in time of war. It therefore recommended that the practice of vaccination be introduced into the regular and volunteer armies in time of war.

The board further recommended that in times of peace all the men be given an opportunity to be protected against the disease, and that special efforts be made to vaccinate as many of the hospital corps and nurse corps and any others especially exposed as possible.

PUBLICITY OF VENEREAL DISEASES.—Dr. Toms, in an address published in the *New York State Journal of Medicine*, says a word about venereal diseases. Gonorrhœa, next to measles, is stated to be the most prevalent malady of civilized countries. It is estimated that from 75 to 90 per cent. of all males have been infected. It is the cause of 50 to 65 per cent. of all capital operations in public hospitals on women; and the one factor of sterility, due to the genital infection of female infants.

It is the most difficult of all infectious contagious diseases to control in infants and foundling hospitals, asylums and day nurseries, most of whose inmates become infected; and furnishes 30 per cent. of blindness in children and over 10 per cent. of all adults in asylums.

CONSUMPTIVES AS TRAINED NURSES.—The *New York Medical Journal* says: Dr. George B. Wight, Commissioner of Charities and Correction of New Jersey, is quoted as recommending that the New Jersey Tuberculosis Sanatorium at Glen Gardner be used as a training school for tuberculosis patients instead of a sanatorium merely. This sanatorium receives only incipient cases, and Dr. Wight believes that if these persons were properly taught they would become invaluable as trained nurses in local hospitals or camps, to care for others suffering with the disease.